

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10009214</i>	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/		/				51		
2	/		/				52		
3	/		/				53		
4	/		/				54		
5	10		/				55		
6	10	7	/				56		
7	10	7	/				57		
8	10	7	/				58		
9	10	7	/				59		
10	10	7	/				60		
11	10	7	/				61		
12	10	7	/				62		
13	10	7	/				63		
14	10	7	/				64		
15	10	7	/				65		
16	10	7	/				66		
17	10	7	/				67		
18	1		/				68		
19	1		/				69		
20	1		/				70		
21	2		/				71		
22	2		/				72		
23	10	7	/				73		
24	10	7	/				74		
25	1						75		
26	1						76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	4		2				TOTAL IND.		
TOTAL DEP.	24	↓	22	↓		↓	TOTAL DEP.	↓	↓
TOTAL CLAIMS	28		28				TOTAL CLAIMS		↓

Best Available Copy